

St. Edward-Epiphany HSA Check Request

PLEASE ATTACH ALL RECEIPTS

Date Requested: _____

Date Needed: _____

Requested by:

Phone number: _____

Email address: _____

Event Chairperson's Authorization:

(Please note: Check will not be issued without chairperson's signature)

Event:

Payable to:

Exact amount: _____

Or Estimated amount: _____

Distribution: (Please check one)

Office pick-up: _____

Red folder: _____

Description or reason for check:

Treasurer's Use Only:

Check number: _____

Category: _____

Date paid: _____

Paid by: _____